


Addendum

Huey P. Long Medical Center				BIDS WILL BE PUBLICLY OPENED: <div style="display: flex; justify-content: space-between;"> April 26, 2006 11:00 AM </div>	
VENDOR NO. : SOLICITATION : 000187 OPENING DATE : 04/26/2006		Return Bid in Envelope/Labels Provided to: Altazin, Diane Purchasing Department 8550 United Plaza Blvd Suite 454 Baton Rouge LA 70809 BUYER : Altazin, Diane BUYER PHONE : (225) 922-0567 DATE ISSUED : 03/22/2006 REQ. NO : 0000173 FISCAL YEAR : 2007			
Mobile MRI Scan Service					
Addendum 01 April 7, 2006 <p>Your reference is invited to Solicitation Number 000187, which is scheduled to open at 11:00 AM on April 26, 2006 for Huey P. Long Medical Center.</p> <p>The following changes are to be made to the referenced solicitation:</p> <p>Page 7: The second last paragraph starting with "PHYSICIAN SUPERVISION...", please delete last line of that paragraph.</p> <p>Page 8: After the first two sentences, please add this sentence, "The total scans in any one month will determine pricing tier rate for all scans done in that month."</p> <p>Page 9: The third paragraph after Responsibilities of the Vendor, please change "0.5" to "1.0" Tesla. The next sentence should read, "To be on site 1- 3 full days (Minimum 8 hour days) on a designated day(s) of the week (Monday - Friday)." Please delete the next sentence. Line G under WHOLE BODY CAPABILITIES should read, "Image reconstruction times must exceed one (1) second per slice in 128, 3 seconds per slice in 256." Line I under WHOLE BODY CAPABILITIES, please change "70" CM to "60" CM.</p> <p>Page 10: Line C under SPECIAL SOFTWARE... should read, "Must have ability to produce VHS Video Cassette or some other means of transferring information for referring physician."</p> <p>Page 11: Delete Line C under VENDOR WILL BE RESPONSIBLE FOR. Delete last line of the last paragraph under MISCELLANEOUS.</p> <p>Page 12- There will only be 2 lines for providing a bid price as follows:</p> <p>ITEM 1: 1-100 SCANS PER MONTH, QUANTITY OF 1200 EA @ _____ = _____.</p> <p>ITEM 2: 101 AND UP SCANS PER MONTH, QUANTITY OF 300 EA @ _____ = _____.</p> <p>DELETE LINES 3 THRU 6 - PRICING WILL NOT HAVE TO BE PROVIDED.</p>					
VENDOR PHONE NUMBER: FAX NUMBER:		TITLE		DATE	
SIGNATURE OF AUTHORIZED BIDDER (MUST BE SIGNED)			NAME OF BIDDER (TYPED OR PRINTED)		

Addendum

ADDENDUM SHEET	Page 2
NUMBER : 000187 OPEN DATE : 04/26/2006 TIME: 11:00 AM	BIDDER:
Addendum 01	
<p>If you have already submitted your proposal and this addendum causes you to revise your original bid, please indicate your bid price on the lines above and return to me prior to the bid opening in an envelope marked with the hospital name, solicitation number, bid opening date and time.</p> <p>This addendum is hereby officially made a part of the referenced solicitation and should be attached to the bidder's proposal or otherwise acknowledged therein.</p> <p>Diane Altazin Procurement Specialist 225-922-0567</p>	